

**MULTIPLE DEPEX JENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-579)**

SERIAL NO.

FILING DATE

APPLICANTS

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1		1			
2		1				
3						
4	1					
5		1				
6						
7	1					
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49						
50						
TOTAL INO.	5					
TOTAL DEP.	9					
TOTAL	11					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	133526	135523	135523	135523	135523	135523